

UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO
09/637,078	08/11/2000	Erik R Altman	YOR9-2000-0415US1 (8728-4	8733
7590 03/01/2005		EXAMINER		
F Chau & Associates LLP 1900 Hempstead Turnpike			WOOD, WILLIAM H	
Suite 501			ART UNIT	PAPER NUMBER
East Meadow, NY 11554			2124	

DATE MAILED: 03/01/2005

Please find below and/or attached an Office communication concerning this application or proceeding.

	Application No.	Applicant(s)
Intonvious Summany	09/637,078	ALTMAN ET AL.
Interview Summary	Examiner	Art Unit
	William H. Wood	2124
All participants (applicant, applicant's representative, PTO	personnel):	
(1) William H. Wood	(3)	
(2) <u>Koon Hon Wong</u> .	(4)	
Date of Interview: 26 January 2005.		
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant	2)∏ applicant's representativ	e]
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.	
Claim(s) discussed:		
Identification of prior art discussed:		
Agreement with respect to the claims f) was reached. 9	g)[☐ was not reached. h)[☐ l	N/A.
Substance of Interview including description of the general reached, or any other comments: <u>Discussion of new matter a written response.</u>		
(A fuller description, if necessary, and a copy of the amendallowable, if available, must be attached. Also, where no allowable is available, a summary thereof must be attached	copy of the amendments that v	
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR FORM, WHICHEVER IS LATER, TO FILE A STATEMENT Summary of Record of Interview requirements on reverse s	e last Office action has alread R THE MAILING DATE OF TH OF THE SUBSTANCE OF TH	y been filed, APPLICANT IS IS INTERVIEW SUMMARY
Examiner Note: You must sign this form unless it is an	Or-Mu	L mood
Attachment to a signed Office action.	Examiner's sign	nature, if required